. Express Mail Label No:

Please type a plus sign (+) inside this box +

PTO/SB/81 (10-00)

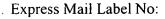
Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number		_	
Filing Date	January 12, 2001		
First Named Inventor	Bonnstetter, Bill J., et al.		
Group Art Unit			
Examiner Name			
Attorney Docket Number	P04361US1	_	

I hereby appoint:			
Practitioners at Customer Number 22885 OR	Place Customer Number Bar Code Label here		
Practitioner(s) named below:			
Name	Registration Number		
	·		
as my/our attorney(s) or agent(s) to prosecute the application ide			
business in the United States Patent and Trademark Office conr	nected therewith.		
Please change the correspondence address for the above-identif The above-mentioned Customer Number.	ied application to:		
OR			
Firm <i>or</i> Individual Name			
Address			
Address			
City	tate Zip		
Country			
Telephone	ax		
I am the: Applicant/Inventor.			
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
SIGNATURE of Applicant or Assigned	of Record		
Name Bill J. Bonnstetter			
Signature Belli Barralli			
Date Fell (p. ZAO)			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
✓ *Total of3forms are submitted.			





Please type a plus sign (+) inside this box

Approved for use through 10/31/2002. OMB 0551-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number		_	
Filing Date	January 12, 2001		
First Named Inventor	Bonnstetter, Bill J., et al.		
Group Art Unit			
Examiner Name			
Attorney Docket Number	P04361US1	_	

I hereby appoi	nt:			
OR	ers at Customer Number er(s) named below:	22885	□	Place Customer Number Bar Code Label here
	Name		Regis	stration Number
		·		
			**	

	ney(s) or agent(s) to prosecu United States Patent and Tra			
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR				
Firm <i>or</i> Individual Na	me	•		
Address			٠	
Address				
City			State	Zip
Country				
Telephone			Fax	
I am the: ✓ Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
SIGNATURE of Applicant or Assignee of Record				
Name	David R. Bonnstetter		<u> </u>	
Signature	Lum P			
Date 2/7/01				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
✓ *Total of3	forms are submitted.			



MAY 1 1 2001 SP PTO/SB/81 (10-00)

Please type a plus sign (+) inside this box +

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number			
Filing Date	January 12, 2001		
First Named Inventor	Bonnstetter, Bill J., et al.		
Group Art Unit			
Examiner Name			
Attorney Docket Number	P04361US1		

I hereby appoint:			
Practitioners at Customer Number 22885 OR Practitioner(s) named below:	Place Customer Number Bar Code Label here		
Name	Registration Number		
namo			
as my/our attorney(s) or agent(s) to prosecute the application id business in the United States Patent and Trademark Office con-			
Please change the correspondence address for the above-identiful The above-mentioned Customer Number. OR	fied application to:		
Firm or			
Individual Name			
Address			
Address			
	tate Zip		
Country Felephone F	ax		
	dx		
I am the: ✓ Applicant/Inventor.			
Applicant/inventor.			
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
SIGNATURE of Applicant or Assignee of Record			
Name Rodney Cox			
Signature			
Date 2/7/2001			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
✓ *Total of3forms are submitted.			